

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L01000007774

APPLICATION FOR REINSTATEMENT



DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000007774

Name and Mailing Address

02 DEC -2 PM 1:04

SECRETARY OF STATE TALLAHASSEE, FLORIDA

0011528 01 SP 0.370 \*\*SNGLP 0615 33304

MOLLE'S LAND-INGS, LLC NO. 9J 209 NORTH, FT. LAUDERDALE BEACH BLV FT. LAUDERDALE FL 33304



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business NO. 9J 209 NORTH, FT. LAUDERDALE BEACH BLV FT. LAUDERDALE FL 33304		5. Date Organized or Qualified To Do Business in Florida 05/14/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1110189	Applied For Not Applicable
8. Name and Address of Current Registered Agent MOLLESON, CRAIG NO. 9J 209 NORTH, FT. LAUDERDALE BEACH BLV FT. LAUDERDALE FL 33304		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: *[Signature]* Date: 11/9/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	MGRM Kenneth Craig Molleson	# 9J 209 N. FT. LAUDERDALE BEACH BLVD	FT. LAUDERDALE FLORIDA 33304
<b>REINSTATEMENT 2002</b> <i>[Signature]</i>			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: *[Signature]* Date: 11/09/02 Daytime Phone #: 678-357-4576

Typed or printed name of signing Managing Member/Manager: Kenneth C. Molleson

CR2E084 (8/02)

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